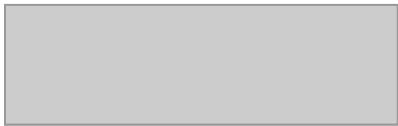


Online Grant Application

GENERAL INFORMATION



FUNDING OVERVIEW

FUNDING OVERVIEW:

The County General Fund provides support and services to the citizens of Clatsop County, consistent with Clatsop County Mission of “Neighbor to neighbor, serving Clatsop County with integrity, honesty, and respect.” In the fiscal year 2022-2023, a total of \$30,000.00 in General Fund dollars have been allocated to fund contributions to outside agencies. Funding requests can be made up to \$5,000.00 to allow for multiple agencies to receive funding. Should new funds for services become available, the Board reserves the right to either fund existing proposals submitted through this process or have an additional collaborative process to recommend the distribution of funds.



CONTRACTING AUTHORITY

CONTRACTING AUTHORITY:

Clatsop County’s Human Services Advisory Council is an advisory to and appointed by the Clatsop County Board of County Commissioners. They are responsible for planning, implementing, coordinating and evaluating the network of contracted services funded through this process. Successful applicants will contract with the County for disbursement of funds and delivery of services to the community.

Revenues for these services are allocated by the Clatsop County Board of Commissioners. All contracts may be terminated by Clatsop County at any time and without any cause upon ten (10) days written notice to the contractor. In addition, Clatsop County may, in its sole discretion, unilaterally terminate or adjust any provisions of the contract to ensure quality performance of the contract (contractor's duties). Upon completion of the contract period the contract shall terminate and the contractor shall have no right to renewal or expectation thereof. Any decision by Clatsop County to renew an otherwise terminated contract for

additional or extended period shall be in the sole and unfettered discretion of Clatsop County. The County reserves the right to reject any or all proposals and to not allocate any portion of the funds offered through this process.

The applicant must be willing to enter into a Contract with Clatsop County. Upon finalization of this process, accepted proposals and any negotiated goals, measurable outcomes or other modifications will become part of the contract.



REQUIREMENTS

REQUIREMENTS:

Applicants must agree to attend a minimum of one meeting of the Human Services Advisory Council to present the services provided after receiving the grant funds, report those outcomes in written form before the contract ends, and allow site visits to ensure fidelity from the members of the Human Services Advisory Council and/or the Board of County Commissioners.

Reporting is the responsibility of the applicant agency and will be submitted to the Clatsop County HSAC Staff Liaison, the liaison will reach out via email and phone regarding reporting deadlines. The applicant agency is also responsible for the data collection from all collaborative partners.



REVIEW OF PROPOSALS

REVIEW OF PROPOSALS:

Proposals will be reviewed by a sub-committee (A smaller group of nominated council members) of the Human Services Advisory Council who will evaluate proposals based on the criteria stated below and then make a recommendation to the Human Services Advisory Council as a whole. The entire council will then take their agreed upon recommendations to the Board of County Commissioners for final approval.

Conflict of interest is dealt with according to County guidelines, which state that any Human Services Advisory Council member must declare a conflict to determine whether they may vote on that particular issue.

All proposals must comply with all applicable federal, state and local statutes and rules.

Each application will be reviewed according to the criteria outlined below.



AWARDING CRITERIA:

The County's goal in making contributions to outside organizations is to provide funding for programs that target those population groups that are most in need socially and economically. In making contributions to outside organizations, the County will give preference to programs meeting the following:

- Follows a mission that is consistent with county priorities and fits the goals of the strategic plan.
- Provides services that are available to ALL county residents, as opposed to residents of a particular geographic area.
- Organization works collaboratively with other organizations and actively seeks and receives significant portions of their funding from organizations other than the county.
- Addresses a need that is currently not being addressed by other organizations and/or agencies.
- Serves those most in need socially or economically.
- Serves the largest number of county residents.



APPLICATION

APPLICANT ORGANIZATIONAL BACKGROUND: Does the applicant demonstrate capacity to effectively manage and operate the program being proposed? Is the application clear on the population it will serve? Does this project logically fit within the organization, its primary mission, and the type of services it currently provides? Is the applicant organization clearly serving social and human service needs? Does this project serve the whole county? Does this project comply with the ADA and CRA and does it address cultural and ethnic minorities?

PROJECT NARRATIVE: Applicant provides clear answers to all information requested. Does the application clearly state what will be accomplished? Is the return on investment articulated? Does the applicant clearly identify a focus population and service area? Does the application contain supporting documentation of collaboration?

BUDGET NARRATIVE: Are in-kind sources and additional revenue described? Is the overall budget provided? Is a long-term plan for sustainability addressed?

BUDGET: Demonstrates cost effectiveness and balance in terms of staffing, materials/services costs, and indirect costs. Demonstrates the ability to leverage resources and other funding. Is the proposed budget adequate to ensure the delivery of services and do the figures add correctly? Does the budget indicate how funding and resources are distributed among collaborative agencies?



ADDITIONAL INFORMATION

PRIOR COUNTY CONTRIBUTIONS: Has this agency received prior contributions from Clatsop County? How were those funds used? Does this proposal differ from those received in prior years?

Projects NOT Eligible for Funding:

Project funds shall not be used for **capital construction, capital expenditures or operational expenses.**

Supporting Documents

 Fillable Grant Application(582.32 KB)

<div class="antibot-no-js antibot-message antibot-message-warning">You must have JavaScript enabled to use this form.</div>

Date & Time
Date & Time: Date
Date & Time: Time

General Information

Physical Business Address: _____
Physical Business Address _____
City/Town _____
State/Province

- Select -

ZIP/Postal Code _____

Is the mailing address different? _____
☐ Yes

☐ No

Mailing Address (if different than physical business address):
Mailing Address (if different than physical business address)
City/Town
State/Province - None -
ZIP/Postal Code
Country - None -

Business Registry/Entity Name:

Grant Contact Person:
Please list who all needs to be notified regarding this grant application. ***Use the Add" feaure to add more than one contact person.
Grant Contact Person Name
Title/Position
Email
Phone

Best Way of Contact for Grant Person(s):
☐ Email
☐ Phone

Is the Organization's Director/President different than the Grant Contact Person(s)?
☐ Yes
☐ No

Organization/President if different
Director/President Name
Title/Position
Email
Phone

Director/President Best Way of Contact:
☐ Yes
☐ No

List all Board Members/Officers:

List all Board Members/Officers:	
List all Board Members/Officers:	Item weight
Add	
Add more items	more items

Use the "Add" feature to add more textfields if needed.

501(c)3?

Yes

No

What geographic areas does this non-profit serve?
Select all that apply.

Astoria - Knappa

Seaside - Gearhart

Warrenton - Hammond

Cannon Beach - Arch Cape

Westport

All of Clatsop County

Clatsop County & Places outside of Clatsop County

Has this organization received funding in the past?

Yes

No

If yes, please provide year(s), amount(s) and how the funds were used below:

Year(s)

Use "Add" feature to for additional text fields.

Year(s)

Item weight

Add

Add more items more items

Amount(s)

Use "Add" feature to for additional text fields.

Amount(s)

Item weight

Add

Add more items more items

How were the funds used?

Use "Add" feature to for additional text fields.

How were the funds used?

Item weight

Add

Add more items more items

Potential Project Information

Potentially Funded Project Name:

What would your organization use this grant for?

Potentially Funded Project Description:

Can this project be implemented with partial funding from Clatsop County?

☐ Yes

☐ No

Amount Requested (Up to \$5,000 per organization): \$.00

Executive Summary

Brief Summary in 200 words or less.

OR upload your executive summary document here.

Choose a file

Upload

One file only.
128 MB limit.
Allowed types: txt, rtf, pdf, doc, docx, odt, ppt, pptx, odp, xls, xlsx, ods.

Organizational Background

Provide a brief organizational background including: organization mission, services provided, number of residents served and where they live, along with how the organization has been in existence. Describe how your project complies with the Americans with Disabilities Act and the Civil Right Act. How does it meet the needs of cultural and ethnic minorities?

OR upload your organizational background document here.

Choose a file

Upload

One file only.

128 MB limit.
Allowed types: txt, rtf, pdf, doc, docx, odt, ppt, pptx, odp, xls, xlsx, ods.

Project Narrative

Provide a breif description of the proposed proect. Include an overview of the need for the service, focus audience (including number to be served), and how your services save money that might be required to be spent by the County if you didn't provide your services. Describe the geoprahical area served by this request. List collaborative partners helping provide services and suppoting oyur request if any.

OR

upload your project narrative document here.

Choose a file

Upload

One file only.
128 MB limit.
Allowed types: txt, rtf, pdf, doc, docx, odt, ppt, pptx, odp, xls, xlsx, ods.

Budget Narrative

Provide a brief narrative describing the project budget expenses. List any collaborations, in-kind resrouces, and sources of addtional revenue. Include your organization's overall budget. Briefly outline your long-term financial plan and how you propose to fund the program if County funding is not provided or is termintated in the future.

NOTE: *The County will not consider organizations using funding for organizational and personal costs.*

OR

upload your budget narrative document here.

Choose a file

Upload

One file only.
128 MB limit.
Allowed types: txt, rtf, pdf, doc, docx, odt, ppt, pptx, odp, xls, xlsx, ods.

Budget

Personnel Line Item

Personnel Line Item

Personnel Line Item

Add

Add more items more items

Budget Request

Item weight

Budget Request

Add

Add more items more items

Other Revenue (list)

Item weight

Other Revenue (list)

Add

Add more items more items

Non-Personnel Line Item

Item weight

Non-Personnel Line Item

Add

Add more items more items

Budget Request

Item weight

Budget Request

Add

Add more items more items

Other Revenue (list)

Item weight

Other Revenue (list)

Add

Add more items more items

OR upload your budget document here.

Item weight

a
file

Choose

a
file

Choose

a
file

Upload

One file only.
128 MB limit.

Allowed types: txt, rtf, pdf, doc, docx, odt, ppt, pptx, odp, xls, xlsx, ods.

Save Draft

Preview

Submit